

FINANCIAL AFFIDAVITCJA2B
(Rev. 5/98)**IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE**IN UNITED STATES
IN THE CASE OF MAGISTRATE DISTRICT APPEALS COURT OTHER PANEL (Specify below)

VS.

FOR

2004-04-0127

LOCATION NUMBER

AT

PERSON REPRESENTED (Show your full name)

*RICHARD BARTON*CHARGE/OFFENSE (describe if applicable & check box →) Felony Misdemeanor

- Defendant - Adult
- Defendant - Juvenile
- Appellant
- Probation Violator
- Parole Violator
- Habeas Petitioner
- 2255 Petitioner
- Material Witness
- Other (Specify) _____

DOCKET NUMBERS	
Magistrate	
District Court	CR 4-04-0156-10G
Court of Appeals	PJT

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

EMPLOY- MENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed		
	Name and address of employer: _____		
	IF YES, how much do you earn per month? \$ _____	IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____	
	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	IF YES, how much does your Spouse earn per month? \$ _____	If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
ASSETS	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	RECEIVED	SOURCES	
OTHER INCOME	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ _____ THE SOURCES _____	<i>SSI Disability only</i>	

CASH	Have you any cash on hand or money in savings or checking account <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____		
PROP- ERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	VALUE	DESCRIPTION	
	IF YES, GIVE THE VALUE AND \$ _____ DESCRIBE IT _____	_____	
OBLIGA- TIONS & DEBTS	DEPENDENTS		
	MARITAL STATUS	Total No. of Dependents	
	<input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED	<input checked="" type="checkbox"/> 0	
List persons you actually support and your relationship to them			
DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	Creditors	Total Debt	Monthly Payt.
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____
_____	_____	\$ _____	\$ _____

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) *10/27/04*SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)*Richard Barton**8*